

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/830290

APPLICANT(S)

CLAIMS

CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	1		/			
5			/			
6	/		/			
7	1		/			
8	1		/			
9	1		/			
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TOTAL ID.	1					
TOTAL EP.	8	1	1	1	1	1
TOTAL CLAIMS	9	12	12	12	12	12

CLAIM NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						